

THE JIMMY CARTER LIBRARY
INTERN APPLICATION

NAME: _____ DATE OF BIRTH: Month _____ Day _____

HOME ADDRESS: _____
street city state zip

HOME PHONE: _____ SPOUSE'S NAME _____

IN CASE OF AN EMERGENCY, PLEASE NOTIFY: _____ PHONE _____

IF EMPLOYED, PLEASE GIVE:
EMPLOYER NAME: _____ JOB TITLE: _____

BUSINESS PHONE: _____ ext. _____ May we call you at work? Y _____ N _____

IF AVAILABLE, PLEASE GIVE E-MAIL ADDRESS _____ FAX # _____

I AM INTERESTED IN AN INTERNSHIP FOR THE FOLLOWING DATES: _____

EDUCATION:

SCHOOL/COLLEGE PRESENTLY ATTENDING: _____

GRADE/FRESHMAN, SOPH., JR., SR. _____ UNDERGRAD or GRADUATE PROGRAM (circle)

IF YOU PREFER MAIL TO BE SENT TO A SCHOOL ADDRESS, PLEASE GIVE ADDRESS: _____

PHONE # WHERE YOU CAN BE REACHED AT SCHOOL: _____

HIGH SCHOOL ATTENDED: _____

COLLEGE ATTENDED: _____ MAJOR _____

PERSONAL STATEMENTS:

1. How did you hear about our Intern Program? _____

2. Why are you interested in an internship with the Jimmy Carter Library? _____

3. Other comments you would like to make: _____

VOLUNTEER EXPERIENCE OR PREVIOUS INTERNSHIPS

1. **Organization:** _____

Address: _____

street	city	state	zip
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Phone # _____ **Direct Supervisor** _____

Position: _____ **Dates:** _____

Main Responsibilities: _____

I liked the following things about this experience: _____

I disliked or was uncomfortable with: _____

2. **Organization:** _____

Address: _____

street	city	state	zip
Phone # _____	Direct Supervisor _____		
Position: _____	Dates: _____		

Main Responsibilities: _____

I liked the following things about this experience: _____

I disliked or was uncomfortable with: _____

Name	Relationship	Phone
Name	Relationship	Phone

Sheila V. Mayo
Intern Coordinator
Jimmy Carter Library
441 Freedom Parkway
Atlanta, GA 30307

Signature

Date